

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J	6621	8/10
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	C-1	(CC-333)	9/19/01
RESPONSE FORMALITY REVIEW			

# BEST AVAILABLE COPY

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1 ✓ ✓	7/2/01
2 ✓ ✓	7/2/01
3 ✓ ✓	7/2/01
4 ✓ ✓	7/2/01
5 ✓ ✓	7/2/01
6 ✓ ✓	7/2/01
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Claim	Date
Final	
Original	
51 ✓ ✓	7/2/01
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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